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|---|--|--|-----------------------------------|--|--|
| AO435<br>(Rev. 04/18; WDVA Rev. 11/19)  |  | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  |                                   | FOR COURT USE ONLY                             |  |
| <b>TRANSCRIPT ORDER FORM</b>  |  |  |                                   | DUE DATE:                                      |  |
| Please Read Instructions on Page 2.   |  |  |                                   |  |  |
| <b>1. REQUESTOR'S INFORMATION:</b>  |  | NAME<br>David Yerushalmi   |                                   | TELEPHONE NUMBER<br>646-262-0500               |  |
| DATE OF REQUEST<br>10/18/2023   |  | EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> )<br>dyerushalmi@americanfreedomlawcenter.org |                                   |  |  |
| MAILING ADDRESS<br>1702 S. Robertson Blvd., Ste. 770  |  |  |                                   | CITY, STATE, ZIP CODE<br>Los Angeles, CA 90035 |  |
| <b>2. TRANSCRIPT REQUESTED:</b>   |  | NAME OF COURT REPORTER   |                                   |  |  |
|   |  | OR CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR                                 |                                   |  |  |
| CASE NUMBER<br>3:22cv49   |  | CASE NAME<br>Doe, et al. v. Mast, et al.   |                                   | JUDGE'S NAME<br>Hoppe                          |  |
| DATE(S) OF PROCEEDING(S)<br>10/11/2023  |  | TYPE OF PROCEEDING(S)<br>Motions Hearing   |                                   | LOCATION OF PROCEEDING<br>Telephonic           |  |
| REQUEST IS FOR: ( <i>Select one</i> ) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> ) |  |  |                                   |  |  |
| SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):   |  |  |                                   |  |  |
| <b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b><br>( <i>See Page 2 for descriptions of each service turnaround category.</i> )   |  |  |                                   |  |  |
| <input type="checkbox"/> Ordinary (30-Day)  |  |  | <input type="checkbox"/> Daily    |  |  |
| <input type="checkbox"/> 14-Day   |  |  | <input type="checkbox"/> Hourly   |  |  |
| <input type="checkbox"/> Expedited (7-Day)  |  |  | <input type="checkbox"/> RealTime |  |  |
| <input checked="" type="checkbox"/> 3-Day   |  |  |                                   |  |  |
| <b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).   |  |  |                                   |  |  |
| DATE<br>10/18/2023  |  | SIGNATURE<br>/s/ David Yerushalmi  |                                   |  |  |

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

Transcript Fee Rates can be found on our website under Standing Orders or by clicking [here](#).

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.